

Certificate of Eligibility		ESEA Title I Part C Montana Migrant Education Program: A Program for Mobile, Seasonal and Temporary Agricultural Workers										COE #																																																																																																				
DISTRICT DATA																																																																																																																
Site Name				SSID MT _____		Site Telephone Number (406) _____ - _____			School Year 20 ____ / 20 ____		Recruiter ID # _____																																																																																																					
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1. Residency Date (mm/dd/yy) ____/____/____		2. Qualifying Arrival Date (mm/dd/yy) ____/____/____		3. Moved from (city, state, country) _____, _____, _____				4. Moved to (city, state) _____, _____																																																																																																								
5a. The children /youth moved <input type="checkbox"/> with <input type="checkbox"/> to join (requires comments) <input type="checkbox"/> on his/her own		5b. (relationship) <input type="checkbox"/> parent <input type="checkbox"/> guardian/spouse <input type="checkbox"/> self		6a. to enable that person to <input type="checkbox"/> obtain or <input type="checkbox"/> seek		6b. employment that was <input type="checkbox"/> temporary or <input type="checkbox"/> seasonal		6c. and either <input type="checkbox"/> agricultural related or <input type="checkbox"/> fishing related		7. Qualifying Activity 8. The qualifying work is an important part of providing a living for the worker and his/her family because it <input type="checkbox"/> is the primary employment OR <input type="checkbox"/> supports other non-agricultural work (comments required).																																																																																																						
9. Comments <input type="checkbox"/> Check if additional comments/documentation are attached																																																																																																																
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10a. Legal male parent's name (last, first)				10c. Current parents' names (if different) _____(male) _____(female)				11. Current address (street, city, state, ZIP code)				12. Home base address (street, city , state, ZIP, country) (if diff.)																																																																																																				
10b. Legal female parent's name (last, first)				10d. Mother's maiden name (WA students only)				13a. Current phone or cell () _____ - _____ 13b. Home base phone () _____ - _____				14. Home language or language of impact																																																																																																				
SECTION III—Child/Youth Data (list all eligible children/youth)																																																																																																																
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27. Authorization <input type="checkbox"/> Parent <input type="checkbox"/> Guardian/Spouse (other responsible person) <input type="checkbox"/> Self-eligible youth The rules for MEP eligibility, services, student record transfer, and the Family Educational Rights and Privacy Act (FERPA) have been explained to me. I hereby authorize this local operating agency (LOA), the Montana MEP, and the New Generation System (NGS) to release, transfer, and/or receive my child's educational and health records, including immunization records and standardized test results, to/from other schools and educational/health agencies. In order to possibly qualify for more educational, health, or social services, I further consent that my child/ren's education/health information may be shared with organizations in other states to/from which the child/ren travel that provide services under the auspices of the following: the special projects of the MT MEP, REO, and other related federal, state, and local programs. I also give permission for my child/ren to participate in the MEP, including instructional and supportive services and medical and dental treatment.										29. Interviewer I certify that I have received training in determining migrant eligibility and the types of services available to this family from the MEP in the community. I certify that these students are eligible for MEP services based on the information provided herein. To the best of my knowledge, the information is true, reliable, and valid.		31. LEA Administration Reviewer's Initials and Date																																																																																																				
28. _____ (Signature) _____ (Date)										30. _____ (Sig) _____ (Date)		32. SEA Reviewer's Initials and Date																																																																																																				
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CERTIFICATE OF ELIGIBILITY

Please Print Legibly with Black Ink Pen. On the top of the COE, enter the site name, short school ID (MT), telephone number of contact person, school year (example, 2006/2007), and the interviewer's recruiter identification number.

Note: A separate COE must be completed for each child in a family who has a different qualifying move date or residency date. (Use additional form for more than five children.)

*SECTION I—Eligibility Data

1. Residency Date (date the children moved into the district)
2. Qualifying Arrival Date (date of the qualifying move)
3. Moved From (city, state and country) Qualifying Move
4. Moved To (city and state) Qualifying Move
- 5 a & b. Check one box for each
 - 6a. The person is either obtaining or seeking work. (Check one box only.)
 - 6b. Employment is either temporary or seasonal. (Check one box only.)
 - 6c. Employment is either agricultural or fishing related. (Check one box only.)
7. Qualifying Activity—Refers to temporary or seasonal agricultural or fishing work (as defined in CFR 200.40). Example: "picking cherries."
8. The qualifying activity must play an important part in providing a living for the worker and his or her family. (Check one.)
9. Comments: In order to identify the comment, reference the section and number of the item before commenting. (Check the box if additional documentation is attached.)

SECTION II—Family Data

- 10a. Legal Male Parent's Name (biological or adoptive)
- 10b. Legal Female Parent's Name (biological or adoptive)
- 10c. Current Male and Female Parents' Names (if different from 10a and b)
- 10d. For Washington-based students only, list the mother's maiden name.
11. Current Address (street, city, state, ZIP code)
12. Home Base Address (street or PO Box, city, state, country, if applicable)
- 13 a & b. Current telephone number or cell (if available) and home base telephone number.
14. If a family speaks a language other than English or is impacted by a language other than English in the home, list the language.

SECTION III—Child/Youth Data

15. Child/Youth ID Number (NGS unique student identifying number)
16. Alternate student ID number. For Washington-based students, use MSDR number. For Montana-based students, use AIM ID number.
- 17.* Child's/youth's legal name (no nicknames)
- 18.* Gender—M or F
19. Grade Level
 - P0-P5—1 day - 5 years old
 - K - 12—Kindergarten - 12th grade
 - UG—Ungraded (attending school with no grade designation)
 - OS—Out of School (dropout or never enrolled in U.S. schools)

20.* Birthdate (complete month, day, and year are required) (example, 07/04/91)
Indicate multiple births: "D" for double (twins) and "T" for triplets.

21. Birthplace (city, state, and country) (use abbreviation for state, country)

22. Verification

B—Birth Certificate

P—Parent

D—Document

O—Other

23. Race

1—American Indian, Alaska Native

2—Asian

3—Black or African America

4—Hispanic or Latino

5—White

6—Native Hawaiian or Other Pacific Islander

24. Health Alert. No = N, Yes = Y

If Yes, attach a separate sheet with the health alert.

25. Interrupted School—Was child's schooling interrupted?

Indicate No = N. If YES, fill in 1, 2, 3, 4, or 5

1 QAD in regular school term (September through May)

2 Two or more schools attended (September through May)

3 Withdrew from school, did not re-enroll (September through May)

4 Absences due to migrancy

5 Missing essential programs in home base

26. Enrollment Date (numerical, example 04/01/95)

Type:

S— Summer School and/or Outreach (receiving MEP-funded services beyond certification)

P— Residency only - no services

R— Enrolled and receiving MEP services during the regular school year

SECTION IV—Certification and Authorization

27. Relationship of person providing information. (Check appropriate box.)

28.* Signature of person providing information and date information obtained

29. Interviewer certification statements

30. Interviewer signature and date

31. Initials and date of the LEA administrator

32. Initials and date of the SEA reviewer

SECTION V—Continued Eligibility/Residency Verification

33. School year. Example: 2006/2007

34. Grades of students in current school year, in order from 19 above

35. Person from whom residency verification was obtained

36. List school record, home visit or other

37. Signature of person verifying residency in Montana and date

38. Enrollment date and type (see 26 above for instructions)